

NYS Department of Health

JUL 09 2018

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for
Humane Societies

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name SPCA of Westchester
 Agent's Name Kris Cialini / Shannon Lawhuf
 Address 590 North State Rd
Bronckliff Manor State NY Zip 10510 County Westchester
 Telephone Number 914-941-2896
 Bureau of Narcotic Enforcement Certificate Number 10050
 DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2018
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>87ml</u>	
Total Amount Received	<u>100ml</u> <u>4/13/18</u>	
Total Amount Utilized	<u>80ml</u>	
*Total Amount Lost	<u>2</u>	<u>Ø</u>
Ending Amount on Hand	<u>107ml</u>	
Number of Dogs Euthanized	<u>Public & Shelter 3</u>	
Number of Cats Euthanized	<u>Public 14 Shelter 5</u>	
Other Species Euthanized (specify)	<u>Feral fetus 3 wildlife 1</u>	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Tabitha Landaw
 Print Name: Tabitha Landaw

To be completed by registered agent: I certify that on 6/28/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Kristine Carter
 Signature of Agent

6/28/18
 Date

[Signature]
 Signature of Officer of Society or Facility

6/28/18
 Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
 Riverview Center
 150 Broadway
 Albany, NY 12204
 (866) 811-7957

APR 06 2018

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

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Facility Name SPCA of Westchester
Agent's Name Kris Cialini / Shannon Lankhof
Address 590 North State Rd
Brarcliff Manor State NY Zip 10570 County Westchester
Telephone Number 914-941-2896 Ext. 12
Bureau of Narcotic Enforcement Certificate Number 10050
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 18
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>146.5 ml</u>	<u>0</u>
Total Amount Received	<u>0</u>	<u>0</u>
Total Amount Utilized	<u>59.5 ml</u>	<u>0</u>
*Total Amount Lost	<u>0</u>	<u>0</u>
Ending Amount on Hand	<u>87 ml</u>	<u>0</u>
Number of Dogs Euthanized	<u>Public & Shelter 3</u>	
Number of Cats Euthanized	<u>Public & Shelter 1</u>	
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: [Signature]
Print Name: Tabitha Lankhof

To be completed by registered agent: I certify that on 4/4/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

[Signature]
Signature of Agent

4/4/18
Date

[Signature]
Signature of Officer of Society or Facility

4/4/18
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
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Albany, NY 12204
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NYS Department of Health

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Bureau of Narcotic Enforcement

JAN 10 2018

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Facility Name SPCA of Westchester
Agent's Name Kris Gialini / Shannon Laukhuf
Address 590 North State Rd.
Braruff Manor State NY Zip 10510 County Westchester
Telephone Number (914) 941-2896 x12
Bureau of Narcotic Enforcement Certificate Number 10050
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	152.5ml	
Total Amount Received	100ml 12/13/17	
Total Amount Utilized	106ml	
*Total Amount Lost		
Ending Amount on Hand	146.5	
Number of Dogs Euthanized	Public 2 Shelter 6	
Number of Cats Euthanized	Public 4 Shelter 5	
Other Species Euthanized (specify)	Fetus 2	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: [Signature]
Print Name: Tabitha Landau

To be completed by registered agent: I certify that on 1/5/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent [Signature]
Date 1/5/18

Signature of Officer of Society or Facility [Signature]
Date 1/5/18

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Mail completed forms to: Bureau of Narcotic Enforcement
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OCT 06 2017

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Facility Name SPCA of Westchester
 Agent's Name Kristi Cialini / Shannon Laukhuf
 Address 590 North State Rd.
Brantford Manor State NY Zip 10510 County _____
 Telephone Number (914) 941-2896 x 12
 Bureau of Narcotic Enforcement Certificate Number 10050
 DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>127.5ml</u>	
Total Amount Received	<u>100ml</u> <u>8/16/17</u>	
Total Amount Utilized	<u>75ml</u>	
*Total Amount Lost	<u>8</u>	
Ending Amount on Hand	<u>152.5ml</u>	
Number of Dogs Euthanized	<u>Public Shelter 2</u>	
Number of Cats Euthanized	<u>Public Shelter 19</u>	
Other Species Euthanized (specify)	<u>Real Ears & Wildlife 2</u>	

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Signed: [Signature]Print Name: Tobias Laukhuf

To be completed by registered agent: I certify that on ___/___/___ I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Kristi Cialini

Signature of Agent

10/2/17

Date

[Signature]

Signature of Officer of Society or Facility

10/2/17

Date

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NYS Department of Health

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JUL 05 2017

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Facility Name SPCA of Westchester, Inc.
Agent's Name _____
Address 590 North State Rd.
Briarcliff Manor State NY Zip 10510 County West.
Telephone Number 914-941-2890
Bureau of Narcotic Enforcement Certificate Number _____
DEA Number [REDACTED]

Quarter (1)(2)(3)(4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>97ml</u>	
Total Amount Received	<u>100ml 4/4/17</u>	
Total Amount Utilized	<u>69.5ml</u>	<u>N/A</u>
*Total Amount Lost	<u>0</u>	
Ending Amount on Hand	<u>127.5ml</u>	
Number of Dogs Euthanized	<u>Shelter 6 / Public 0</u>	
Number of Cats Euthanized	<u>Public 7 / Shelter 12</u>	<u>N/A</u>
Other Species Euthanized (specify)	<u>Feral Fetus: 8 Wildlife 2</u>	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: [Signature]

Print Name: Tabitha Landow

To be completed by registered agent: I certify that on 6/30/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

[Signature]
Signature of Agent

[Signature]
Signature of Officer of Society or Facility

6/30/17
Date

6/30/17
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

APR 06 2017

Bureau of Narcotic Enforcement

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Agent's Name Kris Cialini / Shannon Laukhuf
Address 590 North State Rd.
Briarcliff Manor State NY Zip 10510 County Westchester
Telephone Number (914) 941-2890 x12
Bureau of Narcotic Enforcement Certificate Number 10050
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 17
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	197 ml	
Total Amount Received	100 ml	N/A
Total Amount Utilized	97 ml	
*Total Amount Lost	0	
Ending Amount on Hand	97 ml	
Number of Dogs Euthanized	Public 2, Shelter 5	
Number of Cats Euthanized	Public 9, Shelter 6	N/A
Other Species Euthanized (specify)	N/A	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: [Signature]

Print Name: Tabitha Landau

To be completed by registered agent: I certify that on 4/3/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

K. Cialini
Signature of Agent

Date

4/3/17

[Signature]
Signature of Officer of Society or Facility

Date

4/3/17

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

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Agent's Name Kris Ciglini / Shannon Lauthuf
Address 590 North State Rd
Beardtiff Manor State NY Zip 10510 County Westchester
Telephone Number 914-941-2890 Ext 12
Bureau of Narcotic Enforcement Certificate Number _____
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>100 ml</u>	
Total Amount Received	<u>100 ml</u> <u>8/22/16</u>	
Total Amount Utilized	<u>65 ml</u>	<u>N/A</u>
*Total Amount Lost	<u>4</u>	
Ending Amount on Hand		
Number of Dogs Euthanized	<u>3 shelter</u>	
Number of Cats Euthanized	<u>13 shelter 5 public</u>	
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: [Signature]

Print Name: Tabitha Landis

To be completed by registered agent: I certify that on 1/3/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

[Signature]
Signature of Agent

1/3/17
Date

[Signature]
Signature of Officer of Society or Facility
1/3/17
Date

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Facility Name SPCA of Westchester
 Agent's Name Kn's Galini / Shannon Lauchuf
 Address 590 North State Rd.
Bravcliff Manor State NY Zip 10510 County Westchester
 Telephone Number (914) 941-2896 x12
 Bureau of Narcotic Enforcement Certificate Number _____
 DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>145.5ml</u>	<u>-</u>
Total Amount Received	<u>100ml 8/22/16</u>	<u>-</u>
Total Amount Utilized	<u>61ml</u>	<u>-</u>
*Total Amount Lost	<u>-</u>	<u>-</u>
Ending Amount on Hand		
Number of Dogs Euthanized	<u>SPCA 5 Public 0</u>	<u>-</u>
Number of Cats Euthanized	<u>SPCA 9 Public 0 Tetos 5</u>	<u>-</u>
Other Species Euthanized (specify)	<u>Rabbit</u>	<u>-</u>

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Signed: [Signature]
 Print Name: Tabitha Landau

To be completed by registered agent: I certify that on ___/___/___ I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Signature of Officer of Society or Facility

Date

Date

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Facility Name SPCA of Westchester
 Agent's Name Kn's Gialini / Shannon Laukhuf
 Address 590 North State Rd.
Briarcliff Manor State NY Zip 10510 County Westchester
 Telephone Number (914) 941-2896 x12
 Bureau of Narcotic Enforcement Certificate Number _____
 DEA Number [REDACTED]

Quarter (1)(2)(3)(4) of year 2016
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	128.5ml	-
Total Amount Received	100ml 4/14/16	-
Total Amount Utilized	78.5ml	-
*Total Amount Lost		-
Ending Amount on Hand		
Number of Dogs Euthanized	SPCA 4 Public 1	-
Number of Cats Euthanized	SPCA 4 Public 6 EUS 5	-
Other Species Euthanized (specify)	Rabbit 1	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Tabitha LandauPrint Name: Tabitha Landau

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Signature of Agent

Signature of Officer of Society or Facility

Date

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NYS Department of Health

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Address 590 North State Rd.
Briarcliff Manor State NY Zip 10510 County Westchester
Telephone Number (914) 941-2896 x12
Bureau of Narcotic Enforcement Certificate Number _____
DEA Number _____

Quarter (1) (2) (3) (4) of year 2010
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>110ml</u>	<u>-</u>
Total Amount Received	<u>100ml</u> <u>1/26/10</u>	<u>-</u>
Total Amount Utilized	<u>82.5ml</u>	<u>-</u>
*Total Amount Lost	<u>0</u>	<u>-</u>
Ending Amount on Hand		
Number of Dogs Euthanized	<u>SPCA 8 / Public 1</u>	<u>-</u>
Number of Cats Euthanized	<u>SPCA 5 / Public 5</u>	<u>-</u>
Other Species Euthanized (specify)	<u>Fetus 2</u>	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Tabitha Landow

Print Name: Tabitha Landow

To be completed by registered agent: I certify that on ___/___/___ I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Signature of Officer of Society or Facility

Date

Date

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NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

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DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2015
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>185ml</u>	
Total Amount Received	<u>0</u>	
Total Amount Utilized	<u>75ml</u>	
*Total Amount Lost	<u>0</u>	
Ending Amount on Hand	<u>110ml</u>	
Number of Dogs Euthanized	<u>Public 1 shelter 7</u>	
Number of Cats Euthanized	<u>Public 8 shelter 8</u>	
Other Species Euthanized (specify)	<u>Pets 2</u>	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: [Signature]

Print Name: Tabitha Landau

To be completed by registered agent: I certify that on 7/7/15 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Signature of Officer of Society or Facility

Date

Date

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 Bureau of Narcotic Enforcement Certificate Number 10050
 DEA Number [REDACTED]

 Quarter (1) (2) (3) (4) of year 2015
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>207.5ml</u>	
Total Amount Received	<u>100ml</u>	
Total Amount Utilized	<u>122ml</u>	
*Total Amount Lost	<u>0</u>	
Ending Amount on Hand	<u>185ml</u>	
Number of Dogs Euthanized	<u>Public Shelter 4</u>	
Number of Cats Euthanized	<u>Public Shelter 9</u>	
Other Species Euthanized (specify)	<u>Fetuses wildlife</u>	

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Signed: [Signature]
 Print Name: Tabitha Landon

To be completed by registered agent: I certify that on ___/___/___ I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Signature of Officer of Society or Facility

Date

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